

CLAIM FOR REFUND OF TAXES
(Rev. & Tax. Code §5096 et seq.)

Tax Collector's Office

_____ County, State of California

(Applicant must fill in the necessary information below.)

Name of applicant: _____

Address of applicant: _____

Assessor's Parcel Number: _____

Tax payment was made on (dates): _____

In accordance with the provisions of the California Revenue and Taxation Code sections 5096 et seq., this claim is filed with the _____ County Board of Supervisors to request that a refund of taxes for fiscal year(s) in the amount of \$_____ be made in accordance with this application.

All of/part of the tax for the year(s) as shown above is void for the following reason(s):

I certify, or declare, under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed at _____ on _____.

(Signature)